

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISIONAaron E. Jackson

RECEIVED

JUL 14 2016 *AS*THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Tomas DartOfficer NorrisNurse JeffersonCook County1:16-cv-7258  
Judge Joan B. Gottschall  
Magistrate Judge Geraldine Soat Brown  
PC8(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

## CHECK ONE ONLY:

AMENDED COMPLAINT

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: Aaron E. Jackson

B. List all aliases: NONE

C. Prisoner identification number: 20140713218

D. Place of present confinement: Cook county Jail

E. Address: P.O. Box 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Tomas Dart  
Title: Sheriff of cook county Jail  
Place of Employment: Cook county Jail

B. Defendant: Officer Norris  
Title: Correctional Officer  
Place of Employment: Cook county Jail

C. Defendant: Nurse Jefferson  
Title: Nurse  
Place of Employment: Cook county Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

A. Name of case and docket number: Aaron E. Jackson - vs - cook county et.  
Case No. 16-cv-2079

B. Approximate date of filing lawsuit: 1-28-16

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Aaron E. Jackson

D. List all defendants: Cook county, Tomas Dart, cook county officer  
Anderson

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Thomas G. Bruton, united states district court northern  
district of illinois

F. Name of judge to whom case was assigned: Joan B. Gottschall

G. Basic claim made: Excessive force

Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending

Approximate date of disposition: 6-8-16

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List all Lawsuits you (and your co-Plaintiff, if any) have filed in any state or federal court in the United States?

A. Name of case and docket number: Aaron E. Jackson vs. Cook County, et al  
Case No. 16cv0012

B. Approximate date of filing lawsuit: 12-18-15

C. List all Plaintiffs (if you had co-plaintiffs), including any aliases: Aaron E. Jackson

D. List all defendants: Cook County, Tomas Dart, Nurse Jane Doe, Doctor John Doe, and Cook County Sheriff officer John Doe.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court name the county): Thomas G. Breton Clerk vs. District Court

F. Name of Judge to whom case was assigned: Joan B. Grotschall

G. Basic claim made: Medical Neglect

H. Disposition of this case (for example: was the case dismissed? was it appealed? is it still pending?): Pending

I. Approximate date of disposition: 6-8-16

III. List all lawsuits you (and your co-plaintiff, if any) have filed in any state or federal court in the United States.

A. Name of case and docket number: Aaron E. Jackson vs. officer Boyleniski,  
etc...  
case No. 1:16-cv-5953

B. Approximate date of filing lawsuit: 6-7-16

C. List all plaintiffs (if you had co-plaintiff), including any alias:  
Aaron E. Jackson.

D. List all defendants: officer Boyleniski, Shahan, Bryan, Commander Corzolini, and  
Officer Quintan.

E. Court in which the lawsuit was filed (if federal court, name the district; if state court name the county): Thomas G. Bruton clerk u.s. district court

F. Name of Judge to whom case was assigned: Joan B. Gottschall

G. Basic claim made: Sexual Assault & Illegal Search

H. Disposition of this case (for example: was the case dismissed? was it appealed? is it still pending? Pending)

I. Approximate date of disposition Pending

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On the date of 3-1-16, I was housed in Division 10 tier 3A, when I notice a tremendous amount of water covering the day room floor. I then ask around to other detainees about what happen, and they informed me that a cell room toilet had flooded; and it been coming out quit some time now. I then told the officer who was assigned to that tier that he should call a clean up crew, because the smell was getting bad, and the water were cleaning, but officer Norris just responded nonchaland about the matter, as if it wasn't a issue. A few hours later I forgot all about the mess, and was running to get my spot back at the card table, upon this happening I end up slipping and falling on my back in a puddle of water. 15 min later a nurse by the name of ms. Jefferson came and said she watch the camera and saw that I failed, but she didn't think I failed that hard to the point I needed Medical Attention, she then stated that I need to get up and stop acting like a punk, but I told her that im in too much pain to get up, she then walked off saying she don't have time for games. So I laid right their in the water until two unknown officer came and carry me to the holding cell.

I stay laying on the floor in the holding cell where the officers put me without any medical treatment for my back Nor any pain medicine for the pain, I waited almost 3 weeks before I was seen by a doctor from me putting numerous medical slips in complaining about this issue. I was then given a X-Ray & some pain pill, and was told I would be fine, but im still experiencing pain in my lower back, because of this I believe if I would've receive medical attention that day, and No deliberate indifference done towards my medical needs, or Negligence I wouldnt be having these problems. I also sent Tomas Dart a letter by u.s mail explaining how his nursing staff and correction officer failed to address my medical needs Seriously & professionally once I injured myself in cook county establishment. Therefor all defendants are being sued in their corporate, official & individual capacity for deliberate indifference to my medical needs, Negligence, Supervisory liability, failure to protect, Monetary Damages, Compensatory Damages, and also Plaintiff would like to state since the fail he suffer from permanent disability. Plaintiff also was a professional boxer, and was anticipating returning to that profession upon his release, as a result of this incident claimant lost partial use in his back, and is no longer able to stand up straight for a long period of time without being in pain, and is now unable to gain fully employment as a boxer consequently Plaintiff seek \$2 million in damage for lost potential earning, pain & suffering, permanent disability, and mental anguish, and any other damages this court deems awardable

5

Revised 9/2007

Thank you.

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated \$2 million for deliberate indifference to my Medical Needs, Negligence, Supervisory liability, failure to protect, loss of partial use in my back, loss of potential earning, pain & suffering, Monetary Damages, compensatory Damages, permanent disability, mental anguish and any other damages this court deems awardable

VI. The plaintiff demands that the case be tried by a jury.  YES  NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 5 day of 11, 20 16

Aaron Jackson

(Signature of plaintiff or plaintiffs)

Aaron Jackson

(Print name)

20140713218

(I.D. Number)

P.O. Box 059002

Chicago, IL 60608

(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

1082

GRIEVANCE

NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! ( ! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

CERMAK HEALTH SERVICES  
 SUPERINTENDENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): Jackson	PRINT - FIRST NAME (Primer Nombre): Aaron	INMATE BOOKING NUMBER (# de identificación del detenido): 30140713218
DIVISION (División): 10	LIVING UNIT (Unidad): 10	DATE (Fecha): 3-1-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): 3-1-16	TIME OF INCIDENT (Hora Del Incidente): around 12:30pm	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente): Div 10 Tree 3A
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On the above date, I was housed on tree 3A in Div 10 when I notice a tremendous amount of water cover the day room floor. I then asked several different detainees what happen to which they replied ~~one~~ of the tanks flooded. ~~He~~ then informed the officer who was working that day of the issue who responded nonchalant to the matter. About three hours later I end up falling as a result because the officer failed to

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like to get the proper medical treatment for my back, and a X-Ray taken because I still experience pain to my lower back.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información):	Every one that was housed on 3A at the time to other mates who work and camped	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): Aaron Jackson
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SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): Chester	SIGNATURE: T. Jackson	DATE CRW/PLATOON COUNSELOR RECEIVED: 3-2-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): T. Jackson	SIGNATURE: T. Jackson	DATE REVIEWED: 3-2-16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

 GRIEVANCE  NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

CERMAK HEALTH SERVICES  
 SUPERINTENDENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Jackson</i>	PRINT - FIRST NAME (Primer Nombre): <i>Aaron</i>	INMATE BOOKING NUMBER (# de identificación del detenido): <i>20140713218</i>
DIVISION (División): <i>10</i>	LIVING UNIT (Unidad): <i>1D</i>	DATE (Fecha): <i>3-1-16</i>

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
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- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
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- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente): <i>3-1-16</i>	TIME OF INCIDENT (Hora Del Incidente): <i>around 12:30pm</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente): <i>Div 10 tier 3A</i>
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do his job, and just call a clean up crew like I asked now I'm experiencing excruciating pain in my lower back cause of it. Now instead of me getting the proper medical attention that after noon, I was drag by the officers to a holding cell and roughly handled by the officers who drag me down.

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like to get proper medical treatment for my back, and a X-Ray taken because im still experiencing pain.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información): <i>Aaron Jackson</i>	INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha): <i>Aaron Jackson</i>
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SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>Mark Taylor</i>	SIGNATURE: <i>Taylor</i>	DATE CRW/PLATOON COUNSELOR RECEIVED: <i>3-2-16</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): <i>Mark Taylor</i>	SIGNATURE: <i>Taylor</i>	DATE REVIEWED: <i>3-2-16</i>



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

 GRIEVANCE     NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

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## GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

CERMAK HEALTH SERVICES  
 SUPERINTENDENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido):

20140713218

DIVISION (División):

9

LIVING UNIT (Unidad):

1F

DATE (Fecha):

4-18-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
3-1-16	12pm	Div 10 3A

I put a grievance in 3-1-16 explaining I had failed because a tremendous amount of water was covering the day room floor, but before the incident occurred I told the officer who was working the tier that he should call a clean up crew, but he just responded nonchalant about the issue. As a result to him not doing his job, I end up failing and hurting my back, I was given medical attention by nurse Jefferson, who stated stop acting like a

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like for the tier officer Norris to be suspended, as well as Sgt. Dooley  
 And would like medical attention for my back, and for nurse Jefferson to be relieved of her job for giving me medical attention

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

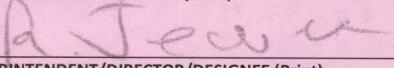
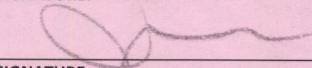
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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
 (Nombre del personal o presos que tengan información):

The whole  
 3A, and camera

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): 	SIGNATURE: 	DATE CRW/PLATOON COUNSELOR RECEIVED: 4-20-16
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

 GRIEVANCE  NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

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## GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

CERMAK HEALTH SERVICES  
 SUPERINTENDENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido):

20140713218

DIVISION (División):

9

LIVING UNIT (Unidad):

1F

DATE (Fecha):

4-18-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

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- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)	TIME OF INCIDENT (Hora Del Incidente)	SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)
3-1-16	1pm	Div 10 tier 3A

pink and ran up, I was later drag by Sgt. Doodley and his officer to a holding cell, because I wasn't able to walk I'm still having extremem pain since that day and would like to get the proper medical attention please

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like for the two officer Norris to be suspended, aslo Sgt. doodley and would like to get medical attention, and for mrs Jefferson to be relieved of her job for about me medical attention

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

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NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
 (Nombre del personal o presos que tengan información:)

The whole 3A  
 and camera

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

B. Jewell

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

4-20-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

4-20-16



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

 GRIEVANCE  NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

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## GRIEVANCE FORM PROCESSED AS:

EMERGENCY GRIEVANCE  
 GRIEVANCE  
 NON-GRIEVANCE (REQUEST)

## REFERRED TO:

CERMAK HEALTH SERVICES  
 SUPERINTENDENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Jackson

PRINT - FIRST NAME (Primer Nombre):

Aaron

INMATE BOOKING NUMBER (# de identificación del detenido)

70140713218

DIVISION (División):

10

LIVING UNIT (Unidad):

1D

DATE (Fecha):

3-10-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Número de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

3-1-16

12:00pm

Div 10-3A

I place numerous medical slips in explaining that I have severe pain in my lower back from falling in a puddle of water from a toilet flooding in Div 10 tier 3A on 3/1/16, but I still havent got any medical Attention to my back. If back over a week, Nurse Jefferson denied me staying in acting like a junk, and that I need to man up.

## ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like more medical Attention. I would like to please...

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

The whole  
3A, and cameras

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Aaron Jackson

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

206) Taylor

SIGNATURE:

Taylor

DATE CRW/PLATOON COUNSELOR RECEIVED:

3-11-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

J. Taylor

SIGNATURE:

J. Taylor

DATE REVIEWED:



## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

 GRIEVANCE NON-GRIEVANCE (REQUEST)

CONTROL #

20161734

## INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

JACKSON

INMATE FIRST NAME (Primer Nombre):

AARON

ID Number (# de identificación):

20140713218

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 / Medical Treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

3/13/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Dura Agent Care 3/13. Report to Submit to BSRF to request medical services

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shubert

SIGNATURE:

Susan Shubert

DIV. / DEPT.

DATE:

3/13/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

Susan Shubert

SIGNATURE:

Susan Shubert

DIV. / DEPT.

DATE:

3/13/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

GRIEVANCE SUBJECT CODE: \_\_\_\_\_

NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

X洪 周

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

3/13/16

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

3/22/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I want to get medical

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Sí)

No

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)): TY/105

You continue to have my support medical providers. You have pain medication available.

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): TY/105SIGNATURE (Firma del Administrador o / su Designado(a)): TY/105DATE (Fecha): TY/105INMATE SIGNATURE (Firma del Preso): TY/105

X洪 周

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación): TY/105

5/21/16